

## Request for Exception to Master Cellular Agreement

**Exception Description (40 characters):**

[Example: Phone for agency director]

**Contact Information**

<b>Agency/Institution:</b> <b>Address:</b>	<b>Contact Person:</b> <b>Phone:</b> <b>Fax:</b> <b>Email Address:</b>
<b>SAAS Codes (only required from state agencies)</b> <b>Provider Code:</b> <b>Agency Code:</b>	<b>Division/Dept:</b>  <b>Handmail:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Exception Request Summary**

**Reason for Requested Exception: (Select one):** ☐ Coverage ☐ Functionality

**If Coverage:**

(1) Detail geographical areas and type usage (voice, data, both) for which coverage is an issue. If within Mississippi, provide county names and portion of county in which coverage is inadequate. Provide the names and/or job titles of the effected employees.

(2) Coverage issues documented via: ☐ User's direct experience ☐ C Spire Wireless coverage maps ☐ C Spire Wireless certification  
 Attach any documentation.

**If Functionality:**

(1) Detail agency's functional requirements and any solutions currently being used.

(2) Has agency contacted C Spire Wireless about similar functionality available under the Master Cellular Agreement? ☐ Yes ☐ No  
 If Yes, detail the functionality that C Spire Wireless cannot provide:

**Details of Requested Exempted Services**

Service Type or Device	Quantity	Monthly or Purchase Fee	Fiscal Year Total
<b>TOTAL*:</b>			

**Progress to Date:** What has been done related to this project, including any communication with ITS staff (data/voice/procurement/other)?

**Vendors Contacted:** (Note: attach written estimates or other information received from vendors)

**Critical Factor(s):** (in the selection of a vendor/brand/solution for this acquisition)

**Planned Acquisition Method**

Describe the manner in which this procurement will be conducted in fulfillment of state law

By my signature, I acknowledge: (1) this agency/institution certifies that the coverage and/or functionality outlined above is required to fulfill the mission and responsibilities of the agency or institution; (2) this agency/institution will follow all applicable laws for public purchasing in the acquisition, including developing open specifications, advertising according to public law, and ensuring a thorough and equitable evaluation of all responses; (3) this agency/institution will negotiate any and all applicable contracts and contract amendments arising from this procurement, with signature authority for the State being delegated by the ITS Executive Director to the executive of this agency/institution; and (4) any protests resulting from this procurement will be heard by the ITS Executive Director and/or ITS Board, in accordance with the ITS Protest Procedure and Policy. In addition, I acknowledge that there is a charge for ITS procurement services associated with this request which will be billed to the requestor by ITS and that my agency/institution is responsible for these charges/costs. **\*NOTE: Any exceptions > \$75,000 also require WCC approval.**

\_\_\_\_\_  
 Name (Agency Head/ Institution President) Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date